



Incident Report

Print Date/Time: 07/22/2016 10:04

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00014222

Incident Date/Time: 7/21/2016 6:18:00 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 770-5416
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0112-Warbis
19R1	SS0142-Bassett
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FARRARI, SIERRA					
1	Driver	JOHNSTON, GARY A	28629 59TH AVE Arlington WA 98223			Male	02/27/1943
2	Involved Party	HARDY, AMANDA C	19815 48TH AVE	(425) 268-2740		Female	11/03/1988
1	Involved Party	VANDERCOOK, JULIE A	8129 29TH PL	(425) 346-5228		Unknown	01/15/1975
3	Involved Party	MCDONALD, KELLIE R	6724 110TH AVE	(425) 308-6673		Female	01/09/1973

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						2D4921	

Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/21/2016 : 19:35:57 SP0411 Narrative: TOW HAS VEH

07/21/2016 : 19:19:40 SP0411 Narrative: TOW OS

07/21/2016 : 18:44:20 SP0403 Narrative: SKY VALLEY TOW ER

07/21/2016 : 18:28:26 SP0226 Narrative: ONE YELLOW PT

07/21/2016 : 18:26:49 SP0226 Narrative: INV FOR INJS

07/21/2016 : 18:21:30 SP0323 Narrative: LR 323

07/21/2016 : 18:21:29 SP0323 Narrative: SUBJ IS CONS, TRYING TO GET UP BUT UNABLE TO DO SO ON HIS OWN

07/21/2016 : 18:21:16 SP0279 Narrative: ROAD RASH AND POSS HEAD INJ, CONS, KEEPS TRYING TO GET UP

07/21/2016 : 18:19:32 SP0323 Narrative: UNCONS

07/21/2016 : 18:19:22 SP0323 Narrative: MC DOWN, NOT GETTING UP



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM – CONTINUATION PAGE

CASE NUMBER _____

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE)

Meyer, Brandon, Frank 12/28/88 425/343.9141

STATEMENT:

Following motorcycle in traffic at slow speed. motorcycle all of a sudden swerved back and forth violently ~~and~~ until he crashed to the ground.

LIC C68277E

MEYERBF125R8

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

7-21-16

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Vandercook, Julie A		RACE white	ETHNICITY	SEX F	D.O.B. 1-15-75	AGE 41	HGT 5'9"	WGT 200	HAIR Brown	EYES H
STREET ADDRESS 8129-29th St PL NE					CITY Marysville		STATE WA		ZIP 98270	
HOME PHONE 425-374-3275		CELL PHONE 425-346-5228			WORK PHONE N/A					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT N/A stay-at-home-mom					

STATEMENT:

I was heading South on Hwy 9 when I saw on-coming traffic slowing down. I saw a motorcycle swerve from the far lane to the inside lane & lay the bike down.

He was unconscious when I got to him but started groaning. We explained help was coming and tried to keep him from moving. When he heard sirens, he started coming to & wanting to get up.

Police arrived and I was done.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Julie Vandercook

DATE SIGNED:

7-21-2016

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

 VICTIM ☐ WITNESS ☒
NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Hardy, Amanda, Christine	RACE mixed	ETHNICITY female	SEX F	D.O.B. 11/03/88	AGE 27	HGT 4'11"	WGT 120	HAIR dark brown	EYES gray
STREET ADDRESS 19815 48th Ave. W. Apt. B105			CITY Lynnwood		STATE WA		ZIP 98036		
HOME PHONE N/A		CELL PHONE 425-268-2740		WORK PHONE N/A					
EMAIL ADDRESS (OPTIONAL) a.jacksonhardy@gmail.com				PLACE OF EMPLOYMENT Sterling Talent Solutions					

STATEMENT:

I was in the right lane, three cars behind the car parallel to the motorcycle. I saw a motorcycle flying into the air but didn't see it make contact with another car or a barrier/wall. The man on the motorcycle looked unconscious at first, but was able to pick himself up. There were no others involved in the accident, I didn't see any belligerent driving from those in the area.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED: 7/21/16
OFFICER/NUMBER:	DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) McDonald, Kellie R	RACE W	ETHNICITY	SEX F	D.O.B. 1-9-73	AGE 43	HGT 5'11	WGT 170	HAIR Blk	EYES Blu
STREET ADDRESS 6724-110 AVE NE			CITY Lake Stevens		STATE WA		ZIP 98258		
HOME PHONE 425-308-6673		CELL PHONE _____			WORK PHONE 206-623-1700				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT CHLE Low Firm				
STATEMENT:									
<p>I was in the right lane, motorcycle was in the left lane. He started to swerve like he popped a tire and then his bike went down. It did not appear anyone or anything hit him, the bike just started swerving & he went down. He rolled a few times, & hit his head. Both myself & the truck behind him were able to slow & stop & observed the crash.</p>									
<p>I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT</p>									
SIGNATURE: Kellie R McDonald					DATE SIGNED: 7-21-16				
OFFICER/NUMBER:					DATE SIGNED:				

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E565601**CASE # **2016-00014222**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **07** - **21** - **2016** **1819** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 9 NE

BLOCK NO. ☒
MILE POST

2400

DISTANCE

1000

MILES

FEET

N ☒S ☐E ☐W ☐

OF (REFERENCE OR CROSS STREET)

LUNDEEN PKWY

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒NO ☐

PHONE

LAST NAME

JOHNSTON

FIRST NAME

GARY

MIDDLE
INITIAL

A

STREET
NEW ADDRESS

28629 59TH AVE NE

CITY

ARLINGTON

ST

WA

ZIP

98223

CDL

RESTRICTIONS

ENDORSEMENTS

MC

DRIVER'S
LICENSE #

JOHNSGA570C7

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

02

-

27

-

1943

ON DUTY ☐

STATUS

AIRBAG

1

RESTR.

1

EJECT

1

HELMET
USE

1

INJURY
CLASS

6

NATURE OF INJURIES

POSSIBLE BROKEN SHOULDER

LICENSE
PLATE #

2D4921

STATE

WA

VIN#

1HD1FC4149Y618989

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2009

MAKE

HDMC

MODEL

TWO

STYLE

MT

VEHICLE TOWED
YES ☐NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

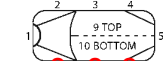
LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE☐PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES ☐NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

-

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USEINJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐NO ☐

REGISTERED OWNER INFO.

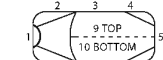
LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

P. BASSETT #0142

BADGE OR ID #

0142

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E565601**CASE # **2016-00014222**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HARDY AMANDA C																
ADDRESS & PHONE # 19815 48TH AVE W APT B105 LYNNWOOD WA 98036 4252682740										SEX F	D.O.B. MMDDYYYY 11	-	03	-	1988			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		VANDERCOOK JULIE A																
ADDRESS & PHONE # 8129 29TH PL NE MARYSVILLE WA 98270 4253465228										SEX U	D.O.B. MMDDYYYY 01	-	15	-	1975			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		MCDONALD KELLIE R																
ADDRESS & PHONE # 6724 110TH AVE NE LAKE STEVENS WA 98258 4253086673										SEX F	D.O.B. MMDDYYYY 01	-	09	-	1973			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Single motorcycle collision at low speed. Motorcycle was driving north on SR 9 NE approximately 1000' north of Lundeen Parkway. Driver began to swerve within his lane and laid down the motorcycle on the left side. Driver was injured, but unknown severity. Driver transported to hospital and motorcycle impounded.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

P. BASSETT #0142		07-22-16 01:16 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY R. BROOKS 0013		DATE 7/22/2016 6:10:12 AM	
BADGE OR ID #	0142	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
6:19 PM		6:21 PM	


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E565601**CASE # **2016-00014222**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MEYER BRANDON F																
ADDRESS & PHONE # 4253439141										SEX M	D.O.B. MMDDYYYY 12	-	28	-	1988			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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P. BASSETT #0142
07-22-16 01:16 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

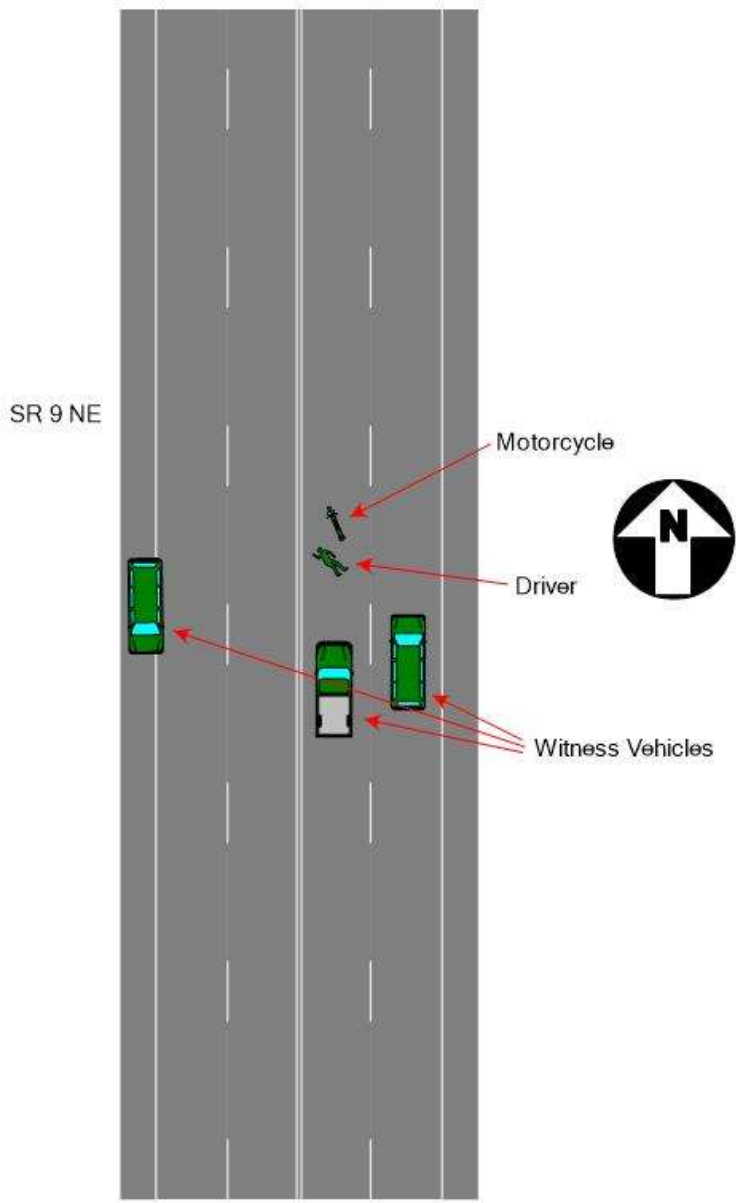
7/22/2016 6:10:12 AM

BADGE OR ID #	0142	ORI #	WA0311900	TIME POLICE DISPATCHED	6:19 PM	TIME POLICE ARRIVED	6:21 PM
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REPORT NO. E565601

CASE # 2016-00014222

DATE AND TIME
OF COLLISION 07/21/16 18:19



Not to scale